

EXHIBIT “5”



**Baptist
Hospital**

BAPTIST HEALTH SOUTH FLORIDA

9/3/2024

Patient Name: Valiente, Heriberto

Account Number: 17244869-1

Due Date: Upon Receipt

REQUEST FOR PAYMENT

Account Summary

Date of Service: 7/20/2024

Description of Service: Urgent Care Services

Place of Service: Kendale Lakes Urgent Care

Total Charges \$ 743.00

Insurance Payment / Adjustments - \$ 297.20

Prior Patient Payments \$ 0.00

AMOUNT YOU OWE \$ 445.80

Pay online! It's fast, easy, and secure.

<https://billpay.baptisthealth.net>



Scan this code to pay with your smart phone.



Our automated system provides up-to-date information about your account 24/7 at 786-596-6507 or toll free at 1-800-235-0065.



See reverse side of this statement for frequently asked questions.

IMPORTANT MESSAGE

We have previously informed you of your account balance and requested that you remit full payment upon receipt of this letter. Your account is now PAST DUE. Please pay online securely at: <https://billpay.baptisthealth.net>.

If you have merely overlooked making payment, we understand that errors do occur. We urge you to make payment upon receipt of this statement to avoid any further collection action. If you have already made payment, please disregard this notice.

If you have any questions about your out-of-pocket expense, please contact your insurance provider so that they can explain how your claim was processed. Your insurance provider determines benefit coverage and any patient financial responsibility. Our Baptist Health Customer Service Representatives do not have access to the terms of your insurance policy.

996887855

Statement 68



**Baptist
Hospital**

BAPTIST HEALTH SOUTH FLORIDA
PO Box 830880
Miami, FL 33283

Pay By Mail for Account Number: 17244869-1

Amount Due	Due Date	Amount Enclosed
\$ 445.80	Upon Receipt	\$ _____

BAP40C 4931468 605521582
Valiente, Heriberto
4214 SW 164TH PATH
MIAMI, FL 33185-5290

Mail Payment Here

Baptist Hospital
PO Box 198116
Atlanta, GA 30384-8116



0001724486910000044580201007



Baptist Hospital

BAPTIST HEALTH SOUTH FLORIDA

FREQUENTLY ASKED QUESTIONS & IMPORTANT PHONE NUMBERS

Frequently Asked Questions

Q: Why am I being billed for an out-of-pocket expense?

A. If you have any questions about your benefits, please contact your insurance provider as they determined benefit coverage and any patient responsibility.

Q: How is my out-of-pocket expense determined?

A. The out-of-pocket expense on your bill was provided by your health plan based on your specific insurance benefits. For any questions regarding the amount specified, please contact your insurance provider, so that they can explain how they administered your insurance benefits. We do not have access to the terms of your insurance plan.

Q: I've received a bill for a physician services. How can I find out more information?

A. If you've received a bill for physician services, please contact the physicians directly. Customer Service does not have access to any physician bills. Their contact information can be found on the physician bill you received.

Q: Can I pay my bill online?

A. Absolutely. Paying online is fast, easy, and secure 24 hours a day, 365 days a year. Log on to <https://billpay.baptisthealth.net> to get started. This service is free of charge.

Q: Can I pay my bill via phone?

A. Feel free to contact us at 786-596-6507 or toll free at 1-800-235-0065 to speak with a customer service representative who will help you process your payment.

Q: Can I pay my bill via check?

A. We accept payment by check. Simply flip this page over to fill out the form, detach, and mail it with your check to the address specified.

Q: Why is my balance higher than what I was told at the time of visit?

A. If your patient financial responsibility is greater than what you were told or paid at the time of your visit, please be aware that the out-of-pocket responsibility provided during your visit is only an estimate. Your final bill may be higher, depending on the actual service rendered. If you have any questions regarding how your claim was processed, please contact your insurance provider, as they determined benefits coverage, and any patient responsibility.

Important Phone Numbers

You may receive statements from your physician or other healthcare providers. If you have questions concerning other statements, please call the number listed on those statements.

Miami Cancer Institute Customer Service
(786) 594-6599

Baptist Health Medical Group
(786) 594-6880

Medical Records Department
(786) 596-6536

Baptist Health Patient Scheduling
(786) 573-6000 in Miami-Dade
(954) 837-1000 in Broward
(305) 434-1588 in Monroe County

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

17244869-1

NEW ADDRESS		CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT			POLICY ID # GROUP #		
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)					
INSURANCE COMPANY NAME			INSURANCE ADDRESS		
EMPLOYER			EMPLOYER ADDRESS		